

Organic System Plan for Dairy

Please fill out this questionnaire if you are requesting organic livestock certification. Use additional sheets if necessary. Sign section 19 and enclose it with your application fee if you are submitting your application electronically. You must submit farm maps, field history sheets and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 19 of this questionnaire. **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

SECTION 1: General Information			NOP Rule 205.401
Name	Farm Name		
Address	City		
State	Zip code	Date	
Phone	E-mail	Fax	
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)			
Year first certified	List any prior agencies of organic certification	List any current agencies of organic certification	
1) Is your dairy operation: <input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production)			
2) Do you have an updated copy of the NOP regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3) Do you intend to certify any crops, cropland, or pasture acreage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you also completed an Organic System Plan for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you submitted and Organic Handling System Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5) Give directions to your farm for the inspector.			
6) When are you most available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
7) When are you most available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening			
SECTION 2: Compliance History			NOP Rule 205.401, .402, .406
1) Did you have any non-compliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable a) If yes, please complete the following table; listing each non-compliance.			
Noncompliance	Date of Notice	Corrective Action Update	

<i>ie. 205.103(b)(2),(4) Equipment cleanouts</i>	<i>8/1/10</i>	<i>I have continued to keep an equipment cleanout log.</i>

3) Have you ever been denied certification? Yes No

a) If yes, describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:

4) Has your certification ever been suspended or revoked? Yes No

a) If yes, describe the circumstances, including the certification agent involved, the reason certification was suspended or revoked, and any steps taken:

SECTION 3: Livestock Inventory Descriptions NOP Rule 205.236

1) Provide the following information for the approximate classes and numbers of animals being raised for production this year.

CLASS	ORGANIC	TRANSITIONAL	CONVENTIONAL	NOT APPLICABLE
Bulls				<input type="checkbox"/>
Milking Cows				<input type="checkbox"/>
Milking Cows (High)				<input type="checkbox"/>
Milking Cows (Low)				<input type="checkbox"/>
Fresh Cows				<input type="checkbox"/>
Close-up Cows				<input type="checkbox"/>
Far-off Cows				<input type="checkbox"/>
Bred Heifers				<input type="checkbox"/>
Young Heifers				<input type="checkbox"/>
Calves				<input type="checkbox"/>
(Other)				<input type="checkbox"/>
(Other)				<input type="checkbox"/>

SECTION 4: Origin of Organic Livestock NOP Rule 205.236

A. Source of Dairy Cattle Not applicable

1) Do you sell organic cull cows? Yes No Not applicable

2) Do you raise organic dairy replacement animals on-farm? Yes No Not applicable

3) If you purchase any livestock, supply specific information: Not applicable

CLASS OF DAIRY CATTLE	ID	DATE OF PURCHASE	BIRTHING DATE	PURCHASE SOURCE	ORGANIC OR	CERTIFICATION AGENCY?
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		Per Cow				Per Cow	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
Total DM Fed				Total DM Fed			

d. PASTURE CALCULATION

DMD Table Value	Total DM Fed	DM Pasture	DMD Table Value	Percent DM Pasture
—	=	÷	=	

RATIONS AND PASTURE CALCULATION FOR MILKING COWS

Not applicable.

a. DRY MATTER DEMAND (DMD)

Large Breed Small Breed

Average Milk Production Per Cow Per Day	Average Weight per Cow	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
	X	=			X	=	
Total DM Fed				Total DM Fed			

d. PASTURE CALCULATION

DMD Table Value	Total DM Fed	DM Pasture	DMD Table Value	Percent DM Pasture
—	=	÷	=	

RATIONS AND PASTURE CALCULATION FOR BULLS

Not applicable, no bulls culled for organic meat.

a. DRY MATTER DEMAND (DMD)

Large Breed Small Breed

Average Weight per Bull	DMD Table Value (lbs/day)

b. GRAZING SEASON RATION

c. NON-GRAZING SEASON RATION

Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)	Feed Type	%DM of Feed	Average lbs Fed Per Cow	DM Fed (lbs)

		X	=			X	=	
		X	=			X	=	
		X	=			X	=	
		X	=			X	=	
		X	=			X	=	
		X	=			X	=	
		X	=			X	=	
		X	=			X	=	

		Total DM Fed			Total DM Fed
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d. PASTURE CALCULATION

DMD Table Value	—	Total DM Fed	=	DM Pasture	÷	DMD Table Value	=	Percent DM Pasture
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2) Do you raise any feed on your farm? Yes No

a) If yes, please list:

3) Describe purchased feed below: Not applicable

Type	Distributor	Certification Agency

4) How do you verify that the feed ration is sufficient to meet nutritional requirements?

5) What is your plan for meeting livestock nutritional needs if you have a shortage of organic feed?

B. Feed Supplements and Additives

1) List all feed supplements and additives.

BRAND NAME	REASON FOR USE	APPROVED BY:			
		NOP	WSDA	ISDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Do you use conventional supplemental milk replacers? Yes No

- a) If yes, how do you know they do not contain antibiotics and are not made with milk from rBST-treated animals?

C. Feed Storage

- 1) How do you prevent contamination of stored livestock feed?
- 2) How do you prevent commingling of organic and conventional stored feed? Not applicable
- 3) How do you prevent or control rodents in organic feed storage areas?
 traps glue boards sanitation cats other (please explain)
- 4) Do you use silage inoculants or other materials on feed crops after harvest?
a) If yes, please list the name brand:

D. On-farm and Custom Feed Processing

- 1) Do you process your own feed (mix, grind, roast, extrude, etc.)? Yes No
a) If yes, is the equipment also used for nonorganic products? Yes No
b) If yes, how is the equipment cleaned prior to processing organic feed to prevent commingling of organic and nonorganic?
 swept out compressed air vacuumed purged other (please explain)
c) If purged, do you maintain records of dates, product, and purged amounts? Yes No
- 2) Is any of your feed custom processed? Yes No
a) If yes, is the operator certified organic? Yes No
b) If yes, provide the name of the processor and certifying agent.

SECTION 6: Water

NOP Rule 205.201, .239

- 1) What are your sources of water for livestock use?
 on-site well municipal river/creek/pond spring other (specify):

2) Are there immediate contamination threats to your water source(s)? Yes No

a) If yes, please describe the threat and the steps you are taking to mitigate the threat.

3) What is the date of your last water test for coliform bacteria and nitrates? Not applicable

4) If you use additives in the water, list them and state reason for use: No additives used

5) If livestock have access to a river, creek, or pond how do you control erosion and protect water quality? No access

6) Describe the location and types of all sources of water:

SECTION 7: Living Conditions

NOP Rule 205.201, .206(f), .239

1) Describe housing used: *(All facilities and outdoor livestock areas should be indicated on attached maps.)*

Type Of Housing And Map Designation	Class Of Livestock Housed	Size (Length X Width)	Number Of Animals Housed

2) Check all natural areas that are designed or selected to provide shade and physical protection:

Woods Tree Lines Hedge Rows Geographic Land Features

Other (specify):

3) Describe the location and types of all available shelter and shade:

4) Is bedding used? Yes No

a) If yes, are roughages used as bedding? Yes No

b) If so, do you have documentation that bedding is certified organic? Yes No Not applicable

- 5) How often is housing cleaned out?
- 6) Describe sanitation or cleaning products used: No sanitation products used
- 7) Are any fumigants or prohibited pest control agents used in the facility? Yes No
 a) If yes, what steps do you take to prevent contamination of feed and livestock?
- 8) What source(s) of light is used in animal housing?
- 9) Is day length regulated using artificial light? Yes No
 a) If yes, please describe:
- 10) What outdoor areas other than pasture do animals use?
- 11) What reasons are animals temporarily confined or sheltered?
- | | | |
|---|---|--|
| <input type="checkbox"/> Protection of health, safety or well-being | <input type="checkbox"/> Stage of life | <input type="checkbox"/> Sorting |
| <input type="checkbox"/> Risk to soil or water quality | <input type="checkbox"/> 4H or other youth projects | <input type="checkbox"/> Inclement weather |
| <input type="checkbox"/> Preventative healthcare procedures | <input type="checkbox"/> Breeding | |
| <input type="checkbox"/> Treatment of illness or Injury | <input type="checkbox"/> Shipping | |
- 12) What reasons are animals temporarily denied pasture or outdoor access?
- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> One week at the end of a lactation | <input type="checkbox"/> Three weeks prior to parturition | <input type="checkbox"/> Parturition |
| <input type="checkbox"/> Up to one week after parturition | <input type="checkbox"/> Newborn cattle up to six months | <input type="checkbox"/> Milking |
- 13) How long are animals indoors (hours per day)? spring summer fall winter
- 14) Describe locations of any treated (with prohibited materials) lumber that may come into contact with livestock:

15) Do you use fencing or other means to limit livestock access to creeks, ponds, or other water bodies?

Yes No Not applicable

16) Describe the location and types of all permanent fencing:

SECTION 8: Pasture

NOP Rule 205.239(a)(2)

1) Please describe all pastures used by all livestock: *(All pastures must be indicated on maps and field history forms.)*

Pasture ID	Acreage	Livestock Classes	Animals Per Acre	Type Of Pasture	Grazing System	Principal Species
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	
				<input type="checkbox"/> native pasture <input type="checkbox"/> improved pasture <input type="checkbox"/> wooded <input type="checkbox"/> residual forage	<input type="checkbox"/> Rotational <input type="checkbox"/> Continuous <input type="checkbox"/> Intensive	

List all "Pasture ID's" which are mechanically harvested:

CLASS	DATE ANIMALS BEGIN TO GRAZE FOR THE REGIONAL LOCATION	DATE ANIMALS STOP GRAZING FOR THE REGIONAL LOCATION	NOT APPLICABLE
Bulls			<input type="checkbox"/>
Milking Cows			<input type="checkbox"/>
Milking Cows (High)			<input type="checkbox"/>
Milking Cows (Low)			<input type="checkbox"/>
Fresh Cows			<input type="checkbox"/>
Close-up Cows			<input type="checkbox"/>

Far-off Cows			<input type="checkbox"/>
Young Heifers			<input type="checkbox"/>
Bred Heifers			<input type="checkbox"/>
Calves			<input type="checkbox"/>
(Other)			<input type="checkbox"/>

- 6) What techniques are used to prevent waste runoff?
- limit number of grazing animals rotate pastures buffer zones
- harrow to spread manure evenly other (please explain)
- 7) What techniques are used to prevent erosion?
- avoid overgrazing repair gullies terraces other (*please describe*)
- 8) Do you use fencing or other means to limit pastured livestock access to creeks, ponds, or other water bodies?
- Yes No Not applicable
- 9) What techniques are used to prevent overgrazing or decline in the pasture resource?
- rotate pastures with crops heavy seeding/reseeding liming/fertilization
- rotational/management intensive grazing pasture renovation
- other (please describe)
- 10) How do you ensure buffers are maintained between grazing areas and land not under organic management?
- agreements with adjacent land owners/managers recessed fence line
- agreements with road maintenance and utility crews do-not-spray signs
- isolation from conventionally managed land other (*please describe*)

SECTION 9: Manure Management

NOP Rule 205.239(a)(2)

- 1) What type(s) of manure management do you use?
- spread immediately/soon as possible stockpile indoors stockpile outdoors
- no centralized accumulation of manure e.g. year-round pasturing composting liquid
- other (specify)
- 2) Do you apply manure or composted manure to your fields? Yes No
- a) If yes, what is the approximate rate of application?

- b) If yes, how many acres of land are available for manure and compost application?
- c) If yes, list materials added to manure or manure compost (example: bedding, barn lime, inoculants, etc.)
- d) If yes, during what months do you apply manure or manure compost?

- 3) If you do NOT apply manure to your own land, how do you ensure that nutrients are recycled?
- 4) Explain how your manure handling ensures that no contamination of water resources occurs?

SECTION 10: Livestock Health Care Practices **NOP Rule 205.238**

A. General Information

- 1) Identify the general components of your animal health management program including preventive and management practices:
- choosing well-adapted species
 - isolation for purchased/diseased animals
 - good ventilation in housing
 - nutritional supplements
 - other (*please specify*)
 - selective breeding
 - vaccinations
 - access to outdoors
 - pasture rotation
 - raise own replacement stock
 - culling
 - dry bedding
 - probiotics
 - good quality feed
 - good sanitation
 - low stress handling

B. List all past health or disease problems and products/treatments used or to be used

HEALTH PROBLEM/DISEASE	NAME BRAND OF PRODUCT/TREATMENT USED	APPROVED BY:			
		NOP	WSDA	ISDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Include vaccinations and parasiticides given or planned:

Animal ID	Date	Medication	Reason	Preventative Practice
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- 1) Please provide the name, address, and phone number of your veterinarian:
- 2) Are your animals tested for specific diseases on a routine basis? Yes No
- a) If yes, what diseases are they tested for?
- b) If yes, how is the testing done? by yourself veterinarian state or federal official
 other (please describe)

D. Pest management

- 1) Indicate all livestock pest problems.
- flies internal parasites external parasites predators
 other (*please describe*)
- 2) What prevention and control measures do you use to control for flies?
- sanitation/manure removal commercial fly parasites/predators sticky tape
 walk-through fly traps allowed/restricted pesticides good quality feed
 other (*please specify*)
- 3) What prevention and control measures do you use to control for internal and external parasites?
- probiotics garlic or herbs controlled grazing multi-species grazing
 allowed/restricted synthetic de-wormers diatomaceous earth
 other (*please describe*)
- a) How do you monitor livestock for internal parasites?
- visual/body condition fecal analysis anemia evaluation
 other (*please describe*)
- b) How often is monitoring done?

daily weekly other (*please describe*)

4) If external parasites are a problem, what prevention and control measures do you use?

- facility sanitation facility fumigation dust/mud wallows sulfur dusts
 diatomaceous earth allowed/restricted pesticides medications
 other (*please describe*)

a) How do you monitor livestock for external parasites?

- visual inspection of animals visual inspection of facility
 other (*please describe*)

b) How often is monitoring done?

daily weekly other (*please describe*)

5) What control measures do you use for predators?

- restrict grazing when predation is frequent artificial lighting fencing traps
 corral/lock up animals at night bird netting hunting guard animals
 noise makers other (*please describe*)

a) Do you take steps to ensure that your control measures do not harm other wildlife? Yes No

E. Physical Alterations:

- 1) List physical alteration practices you use None used castration de-horning
 ear notching tail docking branding removal of extra teats
 other (*please describe*)

2) Please describe physical alteration practices as listed above:

ALTERATION PRACTICE	METHOD USED AND MEANS FOR REDUCING LIVESTOCK STRESS	REASON FOR ALTERATION PRACTICE

SECTION 11: Pre-Slaughter Management

NOP Rule 205.102, .201, .272

- 1) Where are your cull cows slaughtered? Not applicable
 no slaughter on-farm processing facility other (*specify*)

2) Please describe how animal stress and injury is minimized during loading, transport, unloading, and slaughter:

SECTION 12: Milk Collection and Handling

NOP Rule 205.201, .272

- 1) Please indicate type of milk handling systems you use. Not applicable
- pipeline automated step saver hand milking parlor
- tie stalls stanchions other (*specify*)
- 2) How are you licensed? Grade A Grade B other (*specify*)
- 3) Describe cleaning cycle for milking equipment (water temperature, number of rinses, type of cleaning materials, etc.):
- Detergent brand name:
- Acid cleaner brand name:
- Sanitizer brand name:
- 4) Please specify products used to clean animals: None used
- teat dips (*specify name*): udder wash (*specify name*): other (*specify*)
- 5) If you have a split operation, or have conventional milking animals in your herd, how do you ensure that the conventional milk does not commingle with organic milk? Not applicable

SECTION 15: Animal Identification

NOP Rule 205.201(a)(5), .236(c), .238(c)(7)

- 1) Describe your identification system: collars ear tags tattoos leg bands branding
 other (*specify*)
- 2) Do you assign numbers and/or letters as part of your animal ID system? Yes No
- a) If yes, give an example and explain the components of your ID number.
- 3) Are any animals treated with prohibited materials? Yes No
- a) If yes, how are the animals identified and segregated?

SECTION 16: Marketing and Labeling

NOP Rule 205.300 through .311

- 1) How is milk marketed/sold? Not applicable

wholesale retail processed on-farm other (*specify*)

2) Do you use or plan to use the USDA Organic Seal on organic product labels or market information?

Yes No

3) Do you use or plan to use the seal of the certifying agent on product labels or market information?

Yes No

SECTION 17: Record Keeping

NOP Rule 205.103, .236(c)

A. Records

1) Note which types of records you keep:

ORGANIC RECORDS	DESCRIPTION
<input type="checkbox"/>	Documentation of purchased animals
<input type="checkbox"/>	Breeding records
<input type="checkbox"/>	Purchased feed and/or feed supplements
<input type="checkbox"/>	Feed labels
<input type="checkbox"/>	Organic certificates for purchased feed
<input type="checkbox"/>	Organic certificates for purchased organic animals
<input type="checkbox"/>	For first time certification of animals: feed records verifying 100% organic feed for one year
<input type="checkbox"/>	Health records (vaccines, medications, physical alterations, etc.)
<input type="checkbox"/>	Feed storage
<input type="checkbox"/>	Milk production
<input type="checkbox"/>	Non-organic livestock, livestock production, and sales records
<input type="checkbox"/>	Sales
<input type="checkbox"/>	Shipping and receiving records; bills of lading, etc.
<input type="checkbox"/>	Other (describe)

2) Do you use lot numbers for any products?

Yes No

a) If yes, give an example of your lot number and explain what each component means.

3) Are/will records be maintained for at least five years?

Yes No

SECTION 18: Split Production

NOP Rule 205.201(a)(5)

1) Describe all prohibited substances and practices:

Not applicable

PROHIBITED SUBSTANCE OR PRACTICE	ANIMAL ID	DATE USED

2) Describe measures taken to prevent the commingling of organic and non-organic livestock and livestock products (animal ID, segregation, audit trail, etc.)

3) Describe measures taken to prevent organic livestock and livestock products from contamination by prohibited substances.

SECTION 19: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator _____ Date _____

I have attached the following documents:

- Maps of the operation (including buildings and pasture/grazing areas and showing adjoining land use and identification)
- Field history sheet (be sure to list pastures on field history sheets provided)
- Input product labels, if applicable
- Organic product labels, if applicable
- Other
- Other
- Other
- Other

I have made copies of this questionnaire and other supporting documents for my own records.

Submit completed form, fees, and supporting documents to:

Brandon.Lamb@agri.idaho.gov

or to

**Idaho State Department of Agriculture
2270 Old Penitentiary Road
Boise, ID 83701-0790**